

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029494**

FILED VS SEP 9 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 431

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		Length of stay in 1b <b>1 week</b>		c. CITY OR TOWN <b>Seneca rt 2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>417 E. 23rd St</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8 mi NW of Seneca</b>	
3. NAME OF DECEASED (Type or print) First <b>Helen</b> Middle <b>Mae</b> Last <b>Higginbotham</b>				4. DATE OF DEATH Month <b>August</b> Day <b>31</b> Year <b>1959</b>			
5. SEX <b>Fem.</b>		6. COLOR OR RACE <b>wht.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/17/1912</b>	
9. AGE (last birthday) <b>46</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <b>Waterloo, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Leonard Morris</b>				13b. MOTHER'S MAIDEN NAME <b>Rose Payne</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Lee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. -----		17. INFORMANT <b>Edw. Lee Higginbotham, rt 2, Seneca Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Anoxia</b>				<b>1 week</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hemorrhage Uterine and Bladder</b>				<b>10 days</b>			
DUE TO (c) <b>Carcinomatosis</b>				<b>18 months</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>2:00</b> a.m. <b>a.</b> Month, Day, Year <b>April 1, 1958</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Joplin, Missouri</b>	
20g. COUNTY <b>Joplin</b>		20h. STATE <b>Missouri</b>					
21. I attended the deceased from <b>April 1, 1958</b> to <b>August 31, 1959</b> last saw her/him alive on <b>August 28, 1959</b> Death occurred at <b>2:00 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In green or blue ink) <b>R. A. Mahoney</b>				22b. ADDRESS <b>Joplin, Missouri</b>		22c. DATE SIGNED <b>8-31-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 2, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hornet Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hornet, Missouri</b>	
24. FUNERAL DIRECTOR <b>W. E. Bell</b>		ADDRESS <b>Seneca Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9-4-1959</b>		26. REGISTRAR'S SIGNATURE <b>Dorice Merriam</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. E. Biddle

Licensed Embalmer No. 217  
P. O. Address Seneca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.